



The Early Intervention System (EIS), under the Division of Family Health Services, implements New Jersey's statewide system of services for infants and toddlers, birth to age three, with developmental delays or disabilities, and their families. The Department of Health and Senior Services is appointed by the Governor as the state lead agency for the Early Intervention System.

MISSION STATEMENT

The mission of the New Jersey Early Intervention System is to enhance the capacity of families to meet the developmental and health-related needs of children birth to age three who have delays or disabilities by providing quality services and support to families and their children. Families from diverse racial, cultural and socio-economic backgrounds will be involved in decision-making at every level of the design, implementation and evaluation of the Early Intervention System. The system will:

- Promote collaborative partnerships among the family, their community, service and health care providers, schools and child care programs that strengthen and enhance family competence to develop and use lasting networks of natural support.
- Provide a family-centered approach which will be based upon the uniqueness of the family and its culture.
- Promote prompt service and support delivery in settings most natural and comfortable for the child and family and which foster opportunities for the development of peer relationships with children without disabilities.
- Reflect the current best practices in the field of early intervention in order to ensure uniformity of service delivery standards and yield the most positive outcome for the child and family.
- Recognize and respect the knowledge, beliefs, aspirations, values, culture and preference of families and utilize these for planning and delivery of supports and services.
- Facilitate ongoing, system-wide, participatory evaluation to ensure an effective and efficient Early Intervention System.

Early Intervention Services in New Jersey

What Should You Do If You Think an Infant or Toddler Is Not Growing or Developing as He or She Should?

Seek help early. The first three years of life are important, formative years in maximizing a child's future potential. If you suspect that an infant or toddler may be experiencing developmental delays, the Special Child Health Services-Case Management Unit (SCHS-CMU) in each county is the single point of entry into the early intervention system in New Jersey. A service coordinator will talk with the family about their concerns and offer referral information if needed. If a developmental evaluation is indicated, the service coordinator will work with the family to schedule a multidisciplinary evaluation of the child's developmental levels and needs. Evaluation and assessment services are provided at public expense with no cost to parents.

Who Are Primary Referral Sources?

The Department of Health and Senior Services has established procedures for use by primary referral sources for referring a child within two days of identification to the appropriate SCHS-CMU as the county-based single point of entry for early intervention services. Primary referral sources include: hospitals, physicians, parents, child care programs, local educational agencies, public health facilities, other social service agencies, and other health care providers.

Primary referral sources in New Jersey must:

- Maintain written documentation that supports the parent's permission to refer, the parent's request that a referral not be made, or the parent's request to extend the timeline for referral beyond two days;
- Explain those services which would be available if the referral were made and the consequences of not accessing those services through the referral process, and state that referral does not commit the parent to participate in the early intervention system (parent consent is required for evaluation and assessment); and
- Maintain follow-up contacts with those families who initially request a referral not be made.

Who is Eligible?

In New Jersey, a child is considered eligible for early intervention services if he or she is under the age of three and has at least a 33% delay in one and/or a 25% delay in two or more of the developmental areas listed below:

- Physical; including gross motor, fine motor, and sensory (vision and hearing)
- Cognitive
- Communication
- Social or emotional
- Adaptive

Eligibility for early intervention services is determined using clinical opinion, parent report, and standardized assessment or criterion referenced measures. The percentages listed above for a developmental delay are calculated on the basis of corrected age for infants born before 38 weeks gestation and applying until 24 months of age. Corrected age is based on 40 weeks term. For infants born at or after 38 weeks of gestation there shall be no correction in age.

What is an Evaluation?

An evaluation is the process of gathering information about the child to see how he or she is developing and is used to determine eligibility for early intervention services. The evaluation is

conducted by qualified professionals, in conjunction with the family, and provides information in several developmental areas such as communicating, feeding, behavior, walking/movement, vision, and hearing. The evaluation also serves and defines the types and levels of services needed by the child and family. Written parent consent is needed before the evaluation can begin.

What are Early Intervention Services?

Early intervention services are designed to address a problem or delay in development as early as possible. The services are available for infants and toddlers up to age three. Public and private agencies serve as providers to address the needs of children and their families who meet the state eligibility criteria. Following the evaluation and assessment, an Individualized Family Service Plan (IFSP) is developed to describe the services that are needed by the child and family and how they will be implemented. Services are provided by qualified personnel in natural environments, settings in which children without special needs ordinarily participate and that are most comfortable and convenient for the family such as: home, a community agency, or child care setting.

Early intervention recognizes and respects the important and central role of the family in their child's life. The purpose of early intervention is to promote the child and family's ability to meet developmental outcomes, chosen by the family and outlined in the Individualized Family Service Plan (IFSP).

Developmental intervention helps families and early interventionists implement child-focused early intervention services through a team approach that facilitates development within natural settings and activities and in the context of meaningful relationships. Early intervention providers, service coordinators, families, and designated community agencies can work together as a team to meet the child and family's needs and support each child's growth and development.

Children eligible for early intervention receive developmental intervention to address developmental delays. They may or may not also be receiving discipline-specific therapy (ies) and family support services. Developmental intervention will be provided at an intensity and frequency determined by the IFSP team, which always includes family members. Discipline-specific therapies and family support services are incorporated into IFSPs based on the child and family's assessment information, therapeutic recommendations, and family input.

Developmental intervention includes (but is not limited to) these types of activities:

- promoting a positive parent-child relationship as the core of intervention efforts;
- identifying activities and daily routines which can be utilized as learning opportunities for the child;
- working directly with the child and any other persons identified by the family;
- sharing knowledge of child development with families;
- teaching the family to design learning environments and materials to promote the child's acquisition of a variety of skills;
- networking with and providing consultation to community providers and friends that the family chooses;
- monitoring progress toward meeting developmental outcomes; and
- coordinating the intervention activities that are provided within the EI team.

All qualified early interventionists, regardless of their professional discipline, may be providers of developmental intervention.

The purpose of discipline-specific therapy is to meet a specific therapy objective which will enhance the child/family's ability to meet a larger developmental outcome that the family has chosen to include in their IFSP. The need for discipline-specific therapy is determined by an evaluation or assessment by a therapist from the area of concern. The frequency and intensity of the therapy are determined by the entire IFSP team which considers what is needed to meet the outcomes and how the services will fit into the family's daily routines.

When a child needs developmental intervention AND one or more discipline-specific therapies, they may be provided by one or more professionals. Interventionists are chosen by the early intervention program based on the knowledge, skills, and expertise needed to meet the developmental outcomes on the IFSP. The IFSP team will decide whether these services will be provided individually, in groups or utilizing a consultative model of intervention.

The IFSP can include one or a combination of any of the following services:

- **Assessment** - Ongoing procedures to identify the child's strengths and developmental needs, as well as the family's concerns, priorities, resources.
- **Assistive Technology** - Provision of equipment, including adaptive assistive devices, which have been designed or altered for special use by children with developmental delays or disabilities.
- **Audiology Services** - Testing of the child's hearing and referral for further services, as needed.
- **Developmental Intervention** - Designing learning activities that promote the child's acquisition of skills in a variety of developmental areas.
- **Family Training and Counseling** - Guidance for the family, such as help from trained personnel in understanding the special needs of the child and enhancing the child's development.
- **Health Services** - Assistance to enable a child to benefit from other early intervention services, including: clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and consultation with service providers concerning special health care needs.
- **Medical Services** - Diagnostic or evaluation services by a licensed physician to determine a child's developmental status and the need for early intervention services. The early intervention system does not pay for other medical services.
- **Nursing Services** - Assistance to enable a child to benefit from early intervention services, including: health status assessments and nursing care to prevent health problems or to improve functioning.
- **Nutrition** - Individual assessment, development, and monitoring of plans to address the child's nutritional needs.
- **Occupational Therapy** - Services to assist children to learn skills needed for play and daily living; designing and providing assistive devices.
- **Physical Therapy** - Services to identify and help prevent or reduce movement problems.
- **Psychological Services** - Assessment and psychological counseling for children, parents, and family. Consultation on child development, child behavior, parent training, and educational services.
- **Service Coordination** - Assistance in obtaining the services needed by the child and family, providing information about early intervention services, and finding other needed resources in the community.
- **Social Work Services** - Assessment of the child in the home and family environment. Individual and family group counseling and activities to build social skills.

- **Speech/Language Pathology** - Identification, referral, and provision of services to assist children to understand and respond to communication.
- **Transportation** - Transportation services that are necessary to enable a child and family to receive early intervention services.
- **Vision Services** - Evaluation and assessment of vision, referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functions, communication skills training, orientation and mobility training, visual training, independent living skills training, and additional training necessary to activate visual abilities.

What is an Individualized Family Service Plan (IFSP)?

The IFSP is both a plan and a process. The plan is a written document that identifies services and supports needed for the child and family.

The process is an ongoing gathering, sharing, and exchange of information between the family and the early intervention professionals to help parents make informed choices about early intervention services and other needed services for the child and family.

Following the evaluation and assessment process, the IFSP is developed at a meeting with the family, the service coordinator, at least one member of the evaluation team, and anyone else the family wishes to include. It is based on information collected from the family, as well as from the evaluation and assessment. In order for the child to receive services, the parent must consent to the plan. Parents have the right to withdraw consent at any time. Parents can also say no to some services and still get the services that they have chosen and feel they need the most. The plan is reviewed every six months, or more frequently as appropriate, to make sure it continues to meet the needs of the child and family. At least once a year, parents participate in a meeting to review their child's outcomes and IFSP services for any changes needed. The meeting will be held at a time and location that is agreeable to the family and in the language or method of communication that is used in the home.

What is contained in the IFSP?

Every IFSP will have a statement about the child's functioning levels of development based on the evaluation and assessment. This includes areas of sight, hearing, health, thinking skills, self-help skills, ability for expression, social or emotional growth, and movement. Based on parents' priorities, concerns, resources, and desired outcomes for their child and family, the needed services will be documented. The frequency, location, provider, and duration of these services and exactly how the costs will be covered will also be included. Written parent consent is necessary before any services can be provided.

Other services that are not required to be provided through the early intervention system may also be noted in the IFSP. The service coordinator, also identified in the IFSP, will help find resources to meet those needs.

Transition

An important part of early intervention services is assisting children and families to leave early intervention at the correct time and in the most helpful way possible. This process is called transition. When a child is two years old, a transition information meeting will be held with the parents, service coordinator, and others who have worked with the child and family to begin planning for services and supports that might be needed when the child turns three. As in other meetings about a child's needs and progress, it is essential that parents are part of the planning. As a child approaches three years of age, the service coordinator will help with transition from

early intervention to a preschool program and/or other support services that the child and family may need.

What are the Costs of the Services?

Federal law requires that specific services be provided to eligible children and families at public expense. These include:

- Child find/referral
- Evaluation/assessment
- Service coordination
- IFSP development and review
- Procedural safeguards (family rights)

Beyond these required services, a family may have to assume some or all of the costs, depending on the resources available and the parents' ability to pay. Medicaid or private insurance can be designated payers. The payment for some services may be based on a sliding fee scale that determines the cost by a family's income and size.

Family Rights

Early intervention law provides procedural safeguards that guarantee early intervention services are provided in a voluntary, nondiscriminatory manner. They assure that families understand the early intervention system and what is being offered to them and their child. Family rights include:

- The right to choose to use the services offered by the Special Child Health Services Service Coordinator;
- The right to say no to some services and to choose only the services wanted;
- The right to be involved with the decisions made concerning their child;
- The right to have all information explained to them in their primary language or in other ways that they will understand;
- The right to the development of an Individualized Family Service Plan (IFSP) within 45 days of the date the child is referred if he/she is found eligible for services;
- The right to receive services listed in the Individualized Family Service Plan (IFSP);
- The right to referral, evaluation and assessment, IFSP development and review, service coordination, and protection of family rights at no cost. Parents may be charged for other services but an inability to pay will not prevent the child from receiving help;
- The right to ask to change service coordinators;
- The right to receive services in the child's natural environments;
- The right to have all information about the child treated as private and confidential;
- The right to review the child and family's early intervention record at any time; and
- The right to conflict resolution procedures to settle any disagreement over the services related to the child and the family.

Conflict Resolution

If parents have a problem that cannot be resolved in discussions with the child's service provider and service coordinator, parents have the right to use conflict resolution procedures to work out the difficulties. The service coordinator is responsible to give parents information about these procedures at the time of referral. At any time, parents may request information and assistance on these procedures from a service coordinator, service providers, or a Regional Early Intervention Collaborative (REIC).

Complaints

Any parent or a parent's representative, other individual, or organization may file a written complaint alleging that an early intervention program, service coordinator, service provider, REIC, the New Jersey Department of Health and Senior Services, or any other state agency

11/30/2004

involved in the early intervention system is violating or has violated a requirement of federal or state early intervention law or regulation. The complaint may allege a violation concerning an individual child or the child's family, or may be directed against a policy, pattern, or practice that is alleged to be a violation of federal or state early intervention law or regulation.

Mediation

Any parent, parent's representative, service coordinator, service provider, or REIC (with consent of the parent) may request mediation to resolve disagreements regarding identification, evaluation and assessment, eligibility determination, or early intervention service delivery for an individual child or family. The mediation process is non- adversarial and is a means to resolve disagreements to the mutual satisfaction of all parties. A parent may request mediation in addition to filing a complaint or requesting an impartial hearing (see below).

Impartial Administrative Hearing

Any parent or parent's representative may request an impartial hearing before an impartial hearing panel to resolve disagreements regarding identification, evaluation and assessment, eligibility determination, or early intervention service delivery for an individual child and family. A parent may request an impartial hearing in addition to requesting mediation or filing a complaint (see above).

An impartial hearing is a formal procedure conducted by a hearing panel composed of a parent, an attorney, and an early childhood professional. The panel hears the testimony and points of view of both sides, reviews the evidence that is submitted to them, and renders a written decision. Any party may appeal the findings and decision of the impartial hearing officer panel to the Superior Court of New Jersey, pursuant to 20 USCA 1415 (e)(3). A child's early intervention services may not be stopped or changed during a disagreement or appeals process unless the parent(s) and the service provider agree to changes. For more information on family rights or to file a complaint, contact:

Procedural Safeguards Office
New Jersey Department of Health and Senior Services
P.O. Box 364
Trenton, NJ 08625-0364
Toll free: (877) 258-6585
Fax: (609) 292-0296

Regional Early Intervention Collaboratives (REICs)

In New Jersey, four nonprofit organizations, called [Regional Early Intervention Collaboratives](#), have been established to plan and coordinate the state's early intervention system at the regional/community level. The Collaboratives, listed below, provide technical assistance to families, early intervention programs and professionals, and ensure the protection of family rights.

Southern New Jersey Early Intervention Collaborative

Jennifer Buzby, Executive Director
Winslow Professional Building
339 South Route 73, Suite 6
Berlin, NJ 08009
Phone: (856) 768-6747
Fax: (856) 768-7608
Serving: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem Counties.

Family Link REIC

A Regional Early Intervention Collaborative
Susan Marcario, Executive Director
2333 Morris Avenue, Suite A20
Union, NJ 07083
Phone: (908) 964-5303
Fax: (908) 964-6091
Serving: Essex, Morris, Sussex, Union, and Warren Counties.

Mid-Jersey CARES for Special Children REIC

Cynthia Newman, Director of Regional Early Intervention Programs
CNJMCHC, Inc.
2 King Arthur Court, Suite B
North Brunswick, NJ 08902
Phone: (732) 937-5437
Fax: (732) 937-5540
Serving: Hunterdon, Mercer, Middlesex, Monmouth, Ocean, and Somerset Counties.

Northeast Regional Early Intervention Collaborative

Patti Ciccone, Executive Director
65 Willowbrook Boulevard, 2nd floor
Wayne, NJ 07470
Phone: (973) 256-8484
Fax: (973) 256-1233
Serving: Bergen, Hudson and Passaic Counties.

Special Child Health Services, Case Management Units (SCHS-CMUs)

Families or professionals who are interested in referring a child with special needs to the early intervention system in New Jersey should refer directly to the Special Child Health Services, Case Management Unit in the family's county of residence, listed below:

Atlantic County SCHS-CMU

Phone: (609) 645-7700
Fax: (609) 645-5907

Bergen County SCHS-CMU

Phone: (201) 634-2620
Fax: (201) 599-8947

Burlington County SCHS-CMU

Phone: (609) 267-1950
Fax: (609) 702-0541

Camden County SCHS-CMU

Phone: (856) 374-6021
Fax: (856) 374-9734

Cape May County SCHS-CMU

Phone: (609) 465-1202
Fax: (609) 463-3527

Cumberland County SCHS-CMU

Phone: (856) 453-2154
Fax: (856) 453-0338

Essex County SCHS-CMU

Phone: (973) 857-4663
Fax: (973) 857-2842

Gloucester County SCHS-CMU

Phone: (856) 262-4158
Fax: (856) 262-4276

Hudson County SCHS-CMU

Phone: (201) 915-2514
Fax: (201) 915-2565

Hunterdon County SCHS-CMU

Phone: (908) 788-6398
Fax: (908) 788-6581

Mercer County SCHS-CMU

Phone: (609) 730-4152
Fax: (609) 730-4154

Middlesex County SCHS-CMU

Phone: (732) 745-3153
Fax: (732) 296-7990

Monmouth County SCHS-CMU

Phone: (732) 224-6950
Fax: (732) 747-4404

Morris County SCHS-CMU

Phone: (973) 971-4155
Fax: (973) 290-7358

Ocean County SCHS-CMU

Phone: (732) 341-9700
Fax: (732) 341-4467

Passaic County SCHS-CMU

Phone: (973) 523-6778
Fax: (973) 523-7715

Salem County SCHS-CMU

Phone: (856) 935-7510
Fax: (856) 935-8483

Somerset County SCHS-CMU

Phone: (908) 725-2366
Fax: (908) 725-3945

Sussex County SCHS-CMU

Phone: (973) 948-5400
Fax: (973) 948-2270

Union County SCHS-CMU

Phone: (908) 889-0950
Fax: (908) 889-0076

Warren County SCHS-CMU

Phone: (908) 689-6000
Fax: (908) 835-1172

Where Can I Get More Information?

From time to time, you will probably have more questions. In addition to those agencies already described, the following organizations can provide you with information:

- **PROJECT CHILD FIND 1-800-322-8174**

An information and referral service for parents of children with disabilities, birth through 21 years of age.

- **REGIONAL EARLY INTERVENTION COLLABORATIVES (REICs)**

Four statewide regional offices that plan and coordinate early intervention and assist families in accessing appropriate early intervention services (see above for specific information on each collaborative).

Website: www.njeis.org

- **STATEWIDE PARENT ADVOCACY NETWORK (SPAN) 1-800-654-7726 or (973) 642-8100**
Provides training and information for parents of children and youth with disabilities and special health care needs.
Website: www.spannj.org
- **NATIONAL INFORMATION CENTER FOR CHILDREN AND YOUTH WITH DISABILITIES (NICHCY) 1-800-695-0285, 1-202-884-8200 (voice/TTY)**
Provides free information to assist parents, educators, caregivers, advocates, and others in helping children and youth with disabilities become participating members of the community.
Website: www.nichcy.org
- **NEW JERSEY SELF HELP CLEARING HOUSE 1-800-FOR-MASH, 1-201-625-9053**
Provides consultation and training to help people find or form self-help groups and maintains a long listing of information on group meetings, organizations, and telephone help lines.
- **NEW JERSEY DEVELOPMENTAL DISABILITIES COUNCIL 609-292-3745**
Website: www.njddc.org
- **NEW JERSEY STATE INTERAGENCY COORDINATING COUNCIL (SICC) 1-877-909-SICC (7422)**
- **FEDERAL INTERAGENCY COORDINATING COUNCIL (FICC)**
Website: www.fed-icc.org